

58

00-2-0619

Entered - 03/22/00 - sb  
CL00L0164 - DIANNE C. MITCHELL

CLAIM OF: GLENDIA R. WARWICK  
148 Logan Circle  
Ellijay, Georgia 30540

For damages alleged to have been sustained as a  
result of a personal injury at the Atlanta Airport  
on October 11, 1999.

THIS ADVERSED REPORT IS  
APPROVED

BY: Rosalind Rubens Newell  
ROSALIND RUBENS NEWELL  
DEPUTY CITY ATTORNEY

# ADVERSED REPORT

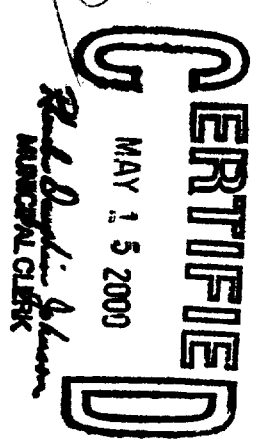
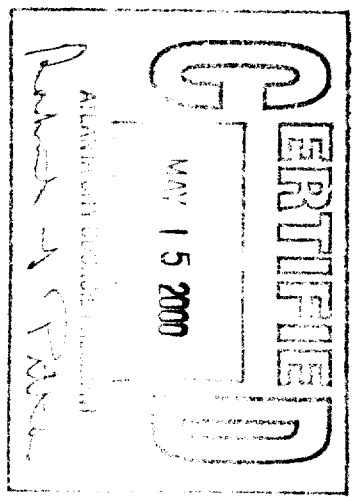
COM. P.S. - L.A.

DATE 5/9/00

CH. C. T. Mart

Very Well

*[Handwritten signatures and initials]*



ADVERSED BY  
CITY COUNCIL MAY 15 2000



## OFFICE OF MUNICIPAL CLERK

RHONDA DAUPHIN JOHNSON, CMC  
MUNICIPAL CLERK

55 TRINITY AVENUE, S.W.  
SECOND FLOOR, EAST  
SUITE 2700  
ATLANTA, GEORGIA 30335  
(404) 330-6033  
FAX (404) 658-6103

June 9, 2000

Glenda R. Warwick  
148 Logan Circle  
Ellijay, GA 30540

00-R-0619

Dear Ms. Warwick:

I sincerely regret that you have been adversely affected by the circumstances raised in your claim for damages against the City of Atlanta. Your time and patience in this matter has been greatly appreciated.

However, I must notify you that the Atlanta City Council Adopted an Adverse Report on your claim at its regular meeting on May 15, 2000. In consultation with the City's Law Department, who conducted an investigation of the situation, the Council has determined that the City cannot accept responsibility for this matter and therefore cannot pay this claim.

If you desire any further information, please contact the **City Attorney's Office/Claims Division** at (404) 330-6400.

Sincerely,

Rhonda Dauphin Johnson, CMC  
Municipal Clerk

cc: **Claims Division/Law Department**

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0164

Date: April 12, 2000

Claimant /Victim GLEND R. WARWICK  
BY: (Atty) (Ins. Co.) \_\_\_\_\_  
Address: 148 Logan Circle, Ellijay, Georgia 30540  
Subrogation: \_\_\_\_\_ Claim for Property damage \$ \_\_\_\_\_ Bodily Injury \$ not stated  
Date of Notice: 03/14/00 Method: Written, proper X Improper \_\_\_\_\_  
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X  
Date of Occurrence 10/11/99 Place: Atlanta Airport  
Department Aviation Division: \_\_\_\_\_  
Employee involved \_\_\_\_\_ Disciplinary Action: \_\_\_\_\_

NATURE OF CLAIM: The claimant alleges she was injured when she tripped on a broken grate at the Airport. The claim has been forwarded to the City's insurance carrier, AIG Aviation, for handling.

INVESTIGATION:

Statements: City employee \_\_\_\_\_ Claimant \_\_\_\_\_ Others \_\_\_\_\_ Written \_\_\_\_\_ Oral \_\_\_\_\_  
Pictures \_\_\_\_\_ Diagrams \_\_\_\_\_ Reports: Police \_\_\_\_\_ Dept Report \_\_\_\_\_ Other \_\_\_\_\_  
Traffic citations issued: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_  
Citation disposition: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial \_\_\_\_\_  
Improper Notice \_\_\_\_\_ More than Six Months \_\_\_\_\_ Other X Damages reasonable \_\_\_\_\_  
City not involved \_\_\_\_\_ Offer rejected \_\_\_\_\_ Compromise settlement \_\_\_\_\_  
Repair/replacement by Ins. Co. \_\_\_\_\_ Repair/replacement by City Forces \_\_\_\_\_  
Claimant Negligent \_\_\_\_\_ City Negligent \_\_\_\_\_ Joint \_\_\_\_\_ Claim Abandoned \_\_\_\_\_

Respectfully submitted,

  
INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ \_\_\_\_\_ Adverse X Account charged: 1A01 \_\_\_\_\_ 2J01 \_\_\_\_\_ 2H01 \_\_\_\_\_  
Claims Manager:  Concur/date 04-12-00  
Committee Action: \_\_\_\_\_ Council Action \_\_\_\_\_

Mitchell  
03/20/00  
DM

COUNCIL OF THE CITY OF ATLANTA

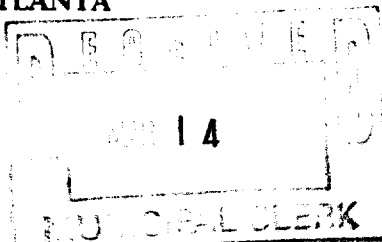
MUNICIPAL CLERK

City Hall  
55 Trinity Avenue, S.W.  
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: MARCH 13, 2000

Dear Municipal Clerk:



03-14-00P04:50 RCVJ

ENTERED - 3-22-00 - SB

00L0164 - DIANNE MITCHELL

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ \_\_\_\_\_ property and/or \$ AMT. UNKNOWN bodily injury for which I contend the City is liable.

1. Date of incident: 10/11/99  
(month/day/year)

2. <sup>EMT</sup>~~Police~~ called: X  
Yes No

3. Location of incident: ATLANTA AIRPORT - TOP FLOOR - SOUTH PARKING DECK

4. Name of your insurance company: AETNA Policy No. CSA # 456000-55-553

5. State what and how incident occurred: TRIPPED IN BROKEN GRATE - SUSTAINED PERMANENT INJURY TO TWO FINGERS ON RIGHT HAND.

6. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

7. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: \_\_\_\_\_  
(make) (year) (tag number) (driver's name)

City vehicle: \_\_\_\_\_  
(make) (City driver's name) (department/bureau)

8. Witness: \_\_\_\_\_  
(name) (address) (telephone number)

9. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

10. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Alonda R. Wornick  
(claimant's name)

148 Logan Circle  
(address)

Ellijay, GA 30540  
(city and state)

N/A 706-273-2700  
(work number) (home number)

00- R-0619